



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
AKIOWA		DERON		225-3753
MAILING ADDRESS (Street)				FAX
3075 Ala Poha Place #807				
(City)		(State)	(Zip Code)	
Honolulu		Hawaii	96818	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)				TELEPHONE
Kioyaa Development, LLC				225-3753
MAILING ADDRESS (Street)				FAX
3075 Ala Poha Place #807				
(City)		(State)	(Zip Code)	
Honolulu		Hawaii	96818	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT				TELEPHONE
DERON AKIOWA				225-3753
MAILING ADDRESS (Street)				FAX
3075 Ala Poha Place #807				
(City)		(State)	(Zip Code)	
Honolulu		Hawaii	96818	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use ManagementOther: (indicate below)


_____Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

11/1/06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Deron Akiona

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

President

NAME OF ORGANIZATION (if applicable)

Kiopa'a Development, LLC

TELEPHONE

225-3753

MAILING ADDRESS (Street)

3075 Ala Poha Place #807

FAX

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96818

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

11/1/06

(Date)